Case 1:04-	cv-00167-SOM-KSC	Document 190	0-140 File	ed 07/18/2006 Page 1 of 1	
STATE OF HAWAII DEPARTMENT OF PUBLIC SAFETY FACILITY:     HOMO			NAME: KOT'S, William  SSN: 196-62-3961  DOB: 3-19-62		
	FOR	CAL TREATMEN SINGLE TREA	TMENTS		
AREA OF TE	REATMENT: Pe	1/200 0	RDERED B	Y: (. / hen E: 1/ 1/02	
TREATMEN	T ORDERED: MO	t confros so	TART DAT	E:	
*		S';	OP DATE:		
DATE/TIME	OBSERVATIONS/R	a clinic C	intro.	NURSE'S SIGNATURE	
11/14/02	In SH (R)elbou	) st. Sevething	Motrin	#30 as directed gues	
		······································		July	
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OOC 0418-B	(12/93)			CO PLAINTIFFS	